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DATE NOTICE SENT TO ALL PARTIES: May/25/2016

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: Diazepam 5mg x 0 refills, Bilateral Lumbar Facet Block L4-5, S1

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: DO, Board Certified Physical Medicine and Rehabilitation

REVIEW OUTCOME: Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

- ☒ Upheld (Agree)
- ☐ Overturned (Disagree)
- ☐ Partially Overturned (Agree in part/Disagree in part)

Provide a description of the review outcome that clearly states whether medical necessity exists for each health care service in dispute. It is the opinion of this reviewer the request Diazepam 5mg x 0 refills, Bilateral Lumbar Facet Block L4-5, S1 is not medically necessary.

PATIENT CLINICAL HISTORY [SUMMARY]: This patient is a female. On XX/XX/XX, the patient was seen in clinic. The patient described low back pain after falling in an XXXXXXXX at work. Medications included Celebrex, and Xanax. The exam found straight leg raise was negative, strength was 5/5+ and equal bilaterally and there is no sensory deficits. There was tenderness over the spinous processes and in the right sacroiliac joint area. On XX/XX/XX, an MRI of the lumbar spine was obtained and at L4-5, there was mild disc bulge causing slight ventral effacement of the thecal sac, ligamentum flavum thickening without significant central canal stenosis, and some disc osteophyte encroachment, resulting in minimal right neural foraminal narrowing and mild left neural foraminal narrowing. At L5-S1, there was facet hypertrophic degenerative changes and some ligamentum flavum thickening, without significant central canal stenosis. On XX/XX/XX, a C-arm report was submitted for lumbar epidural steroid injection. On XX/XX/XX, the patient returned to clinic and reported 60% pain relief from the lumbar epidural steroid injection lasting three to five days. Medications at that time included Xanax. On exam, sensation was symmetrical to the lower extremities, and reflexes were 1+ at the L4 reflex and depressed at the S1 reflex. On XX/XX/XX, the patient returned to clinic. It was noted that physical therapy had failed to relieve the pain, and medications included Celebrex, and valium at 5mg. The exam found a negative straight leg raise, 5/5 strength, and tenderness over the L4-5 and L5-S1 facets.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION: On XX/XX/XX, an adverse determination letter was submitted for the requested diazepam 5mg no refills. Benzodiazepine medications were not routinely supported on a chronic basis and the physical examination findings were not submitted for review to support the request. Therefore the request was non-certified.

On XX/XX/XX, a utilization review report for the requested facet joint injection at L4-5 and S1 stated the request was not medically necessary, as that as there was no documentation as to

whether or not the patient had facet mediated pain, versus discogenic mediated pain or radiculopathy. It was also unclear whether the prior injections were efficacious or not. Therefore the request was non-certified.

Diazepam is a benzodiazepine, not recommended for long term use. The records indicate the patient was first on Xanax, and then changed to diazepam in XX/XXXX. The length of time on the drug exceeds the guideline recommendations. It is the opinion of this reviewer that the request for diazepam 5mg times 0 refills is not medically necessary and the prior denial is upheld.

For the lumbar facet block at L4-5 and S1, the prior injection was an epidural steroid injection, which apparently provided some temporary relief. The XX/XX/XX progress note indicates the patient has point tenderness over the L4-5 and L5-S1 facets, and patient has 5/5 strength, and negative straight leg raise, and L4 reflexes are 2+ and S1 reflexes are 1+. Thus, it appears that the patient still has a component of radiculopathy on exam. The guidelines do not support facet blocks for those patients who have radiculopathy. It is the opinion of this reviewer the request Diazepam 5mg x 0 refills, Bilateral Lumbar Facet Block L4-5, S1 is not medically necessary and the prior decision is upheld.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

☐ ACOEM-AMERICA COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE

☐ AHCPR-AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES

☐ DWC-DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

☐ EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN

☐ INTERQUAL CRITERIA

☒ MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

☐ MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

☐ MILLIMAN CARE GUIDELINES

☒ ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

☐ PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR

☐ TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS

☐ TEXAS TACADA GUIDELINES

☐ TMF SCREENING CRITERIA MANUAL

☐ PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

☐ OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)